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PTO/SB/21 (12-97)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing) BOX: Office of Initial Patent Examination Express Mail Receipt No.	Application / Conf. No.	09/823,154 / 8118
	Filing Date	March 29, 2001
	First Named Inventor	Neil G. Jacobson
	Examiner Name	Unknown
	Group Art Unit	2123
	Issue Fee Batch No.	
	Attorney Docket Number	X-777 US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
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Firm or Customer Number	24309 (Customer Number)	Reg. Number 35,477
Attn:	H. C. Chan	
Signature		
Date	October 25, 2001	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

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PATENT

IN THE UNITED STATES PATENT OFFICE

Applicants: Neil G. Jacobson
Assignee: Xilinx, Inc.
Title: "Network Based Diagnostic System and Method for Programmable Hardware"
Serial No.: 09/823,154 File Date: 03-29-01
Examiner: Unknown Art Unit: 2123
Docket No.: **X-777 US** Conf. No.: 8118

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REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Applicants request a corrected Filing Receipt in the above identified patent application, which includes the following changes:

Please correct the section "Projected Publication Date: 10/03/2002" to read "Projected Publication Date: Request for Non-Publication Acknowledged".

A red-lined copy of the Filing Receipt is enclosed for clarification. The PTO has acknowledged a Request and Certification Under 37 U.S.C. 122(b)(2)(B)(i) requesting Non-Publication was filed at the time of filing.

No fee is due with this communication.

The Commissioner is hereby authorized to charge any additional fees, or credit any overpayment which may be required to Deposit Account No. 24-0040.

Respectfully submitted,

H. C. Chan
Attorney for Applicants
Reg. No. 35,477
408-879-6149

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Pat Slaback
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/823,154	03/29/2001	2123	854	X-777 US	7	28	3

CONFIRMATION NO. 8118

24309
XILINX, INC
ATTN: LEGAL DEPARTMENT
2100 LOGIC DR
SAN JOSE, CA 95124

FILING RECEIPT



OC000000006093938

Date Mailed: 05/18/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Neil G. Jacobson, Mountain View, CA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 05/18/2001

Request for Non-Publication Acknowledged
Projected Publication Date: 10/03/2002

Non-Publication Request: Yes

Early Publication Request: No

Title

Network based diagnostic system and method for programmable hardware

Preliminary Class

703

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Bib Data Sheet

CONFIRMATION NO. 8118

SERIAL NUMBER 09/823,154	FILING DATE 03/29/2001 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. X-777 US
APPLICANTS Neil G. Jacobson, Mountain View, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/18/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 28
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		INDEPENDENT CLAIMS 3		
ADDRESS 24309				
TITLE Network based diagnostic system and method for programmable hardware				
FILING FEE RECEIVED 854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	